



African Federation for Emergency Medicine African Journal of Emergency Medicine

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EDITORIAL

In this issue...



A number of African Federation of Emergency Medicine (AFEM) contributors have spent considerable time putting together French and English language-version Rapid Assessment Protocols, or RAPs. The aim of the project was to produce a quick assistance resource- based on existing AFEM handbook content- for nurses, mid-level clinicians, trainees and specialists within the African low and middle income context. The RAPs are available in two sizes: as full-sized (scaled to A3), spiral-bound flowcharts for desktop reference and mini-sized (scaled to A5) for pocket reference. Humidity-resistant paper and binding were used to ensure durability within the harsh African climate. Each RAP offers an accessible, syndromic approach to 23 common, critical adult and paediatric emergency presentations- including anaphylaxis, emergency delivery, oedema, and difficulty in breathing. The AfJEM would like to extend a special thanks to the diligent French translation team-translation coordinators: Keegan Checkett and Paul Kim; language editors: Muller Mundenga and Jennifer Turnbull; and translators: Chame Blackburn, Mher Barbarian, Virginie Clavel, Samantha Dankoff and Brittany Murray. If you want to purchase a set of RAPs, either for yourself or for the African low and middle income emergency centre you support, please visit www.afem.info or contact scientific@afem.info.

A promising poison information centre model for Africa

Although not offering a physical solution yet, this paper describes a proposed poison information centre model for the African region. The authors recommend that countries link their existing poison centres to a central network hub in order to improve cooperation between them, strengthen surveillance, provide common standards and allow better resource negotiation. Where poison centres are currently lacking, the network hub- through its regional collaboration model- can also provide aid in establishing a service. This paper provides a clear roadmap for stakeholders to consider in the goal to address the burden of mortality and morbidity associated with poisoning.

Tapping into a vital resource: understanding the motivators and barriers to blood donation in Sub-Saharan Africa

Injury appears to be on course to result in more deaths locally than HIV within the next 15 years. Given that the majority of deaths relating to injury occur within the first 48 h it is important that the region focuses on establishing systems that aim to address this. Blood products (in the form of massive transfusion protocols) have become one of the three key components to successful early resuscitation- the others are permissive hypotension and damage control surgery. This important paper highlights the issues surrounding barriers to blood donation. By removing these, blood donation can directly contribute to mortality reduction, provided adequate trauma practice is in place. With many African states currently not providing national blood transfusion services, this would be key to bear in mind when setting up such a service.

Economic development and road traffic fatalities in two neighbouring African nations

Road traffic injuries in Africa account for a disproportionate number of deaths compared to high-income nations. The authors' hypothesis is that during the study period Botswana GDP was directly related to road traffic mortality- as GDP increased, so did mortality. Interestingly this was less visible in the slower Zambian economy. The study would suggest that development resulting from a rapidly expanding GDP resulted in disproportionate development of accompanying safety checks for road users. This finding should be used to advocate for development of road safety alongside development related to an expanding GDP.

Injury patterns and health outcomes among pregnant women seeking emergency medical care in Kumasi, Ghana: challenges and opportunities to improve Care

Poor traffic safety, intimate partner violence and unintended pregnancies appear to be the key drivers of injury in pregnant women. Given that the lifetime risk of dying from any pregnancy-related cause is around 300 times greater than the risk posed to a woman living in a high-income country, injury could be an easily modifiable variable. Improved traffic

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regulations and safety measures and access to birth control options have been very successful elsewhere in reducing mortality. The 62% foetal mortality rate is too high and would suggest that the only patients to attend to the emergency centre are those in whom injuries are already severe. This leaves the door wide open on what exactly the prevalence of injury-including minor injury- in pregnant women is. Considering the causes, this is a big topic that needs to be addressed not only on a clinical level, but also on a political level.

Professional needs of young emergency medicine specialists in Africa: results of a South Africa, Ethiopia, Tanzania, and Ghana survey

It is incredibly encouraging to see the specialty of emergency medicine grow on the continent. This study underlines the key findings from the annual AFEM survey that aimed to explore the needs of recent graduates regarding resources, mentorship and training. I would like to point out the small sample size- for the uninitiated this may appear dubious, but bear in mind that the pool contained only 71 eligible subjects.

That is 71 new emergency graduates for the second most populous continent in the world. The authors are right when they point out that more advocacy for training is required.

Federation matters

Be sure to check out the top oral and poster abstracts from African authors from the recent International Conference on Emergency Medicine.

Conflict of interest

The author declares no conflict of interest.

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